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This nine-part guideline is intended to describe the essential elements of the CRAFT method for assisting concerned significant others [CSOs] and identified patients [IPs] to enter substance abuse treatment. Controlled research has demonstrated the superiority of the CRAFT methods to more traditional approaches [e.g., Johnson Institute Intervention training, Al-Anon and Nar-Anon facilitation in facilitating IP's engagement in professional substance abuse treatment. This research has also demonstrated the effectiveness of the CRAFT approach, and other more traditional approaches, in improving emotional and relationship well-being of CSOs.

**Part #1 CRAFT INDUCTION**

- 1. Did you describe how CRA /CRAFT has viewed CSOs as crucial collaborators in the treatment process**
- 2. Did you discuss the six major treatment goals?**
  - a. Promote Sobriety.
  - b. Reduce the Risk of Family Violence.
  - c. Minimize Distress for Family Members.
  - d. Prepare the Concerned Family Members to Suggest Treatment.
  - e. Encourage Treatment for the Drinker.  
Prepare the CSO to Support the Drinker during His or Her Treatment.
- 3. Prior to the session did you review the assessment information?**
- 4. Did you establish an upbeat and positive tone?**
- 5. Did you cover all six initial CRAFT strategies ?**
  - a. Let the client express his or her frustration with the partner's drinking and with past unsuccessful attempts to change it.

- b. Have the client describe some of the problems created by the drinking.
  - c. Build rapport by empathizing with the client's pain.
  - d. Share general information from your previous therapy experience that shows you understand the client's dilemma.
  - e. Explore the treatment strategies that have been tried in the past.
  - f. Advise your client that there are three directions their relationship can take as a result of counseling: (1) The problem may get worse; (2) The problem may stay the same; (3) An effective intervention may create positive change.
- 6. Did you begin the CRAFT description?**
- a. To help diminish the CSO's pain and anguish associated with his or her relationship to the drinker.
  - b. To help the CSO learn new strategies to reduce the drinking behavior of the loved one, and ultimately to coax him or her into treatment.
  - c. To reduce the possible risk of violence.
  - d. To help heal the relationship between the CSO and the loved one through CRA couples therapy.
- 7. During the session did you convey the feeling of hope, understanding and opportunity?**

## **Part #2 ESTABLISHING A WORKING RELATIONSHIP**

- 1. Use all five guidelines for establishing rapport?**
- a. Gain trust by listening to the client and assuring him or her that the problem is one with which you are familiar.
  - b. Briefly refer to other similar cases to help the client understand that his or her problem is not unusual or strange.
  - c. Help the CSO identify specific problem areas, and offer hope for addressing them effectively.
  - d. Continually demonstrate understanding and knowledge of the difficult situation and reflect back the CSO's feelings about it.
  - e. Keep reminding the client that his or her problems will have some type of solution. And even if the solution is less than perfect, the situation will be improved nonetheless.
- 2. Did you assure the client of their confidentiality?**
- 3. Did you keep the session upbeat and positive?**
- 4. Did you make positive reinforcing statements to the client?**
- 5. Did you describe the treatment fully?**

- a. CRAFT is designed for those family members and friends who would like to maintain their relationship with the drinker, but who want to encourage their loved one to reduce his or her drinking.
- b. It is a skills-based approach in which the non-drinking family member is viewed as a positive and active force for change within the family.
- c. Clients involved in CRAFT are asked to participate actively in written exercises, homework assignments, role-plays and other forms of behavioral training.
- d. The decision to use a particular CRAFT technique remains entirely up to the client. Clients proceed at their own pace.
- e. CRAFT clients make the decision regarding whether to inform the drinker about the client's current involvement in treatment, and if so, when to do it.
- f. The CRAFT therapist offers a commitment of support and training over a specified period of time.
- g. Job search information is offered to all CRAFT clients who desire assistance in organizing a job search, preparing a résumé, and practicing for job interviews.
- h. A client's need for independent, enjoyable activities and other rewards is stressed.
- i. Special arrangements are made with a cooperating alcohol treatment program that allows for a rapid intake, in the event that the problem drinker agrees to enter treatment.

### **Part #3 CRAFT MOTIVATION TRAINING**

- 1. Did you identify the source of the client's current motivation for entering treatment?**
- 2. Did you describe the (7) benefits that may be produced from entering treatment?**
  - a. It helps increase the self-esteem of the CSO.
  - b. It works to prevent verbal and physical abuse.
  - c. Often it leads to the reduction or cessation of the use of alcohol by the drinker.
  - d. In many cases it leads indirectly to financial stability.
  - e. Often it motivates the drinker to enter treatment and work on the relationship.
  - f. It increases the number of enjoyable social activities for the CSO; with or without the drinker.
  - g. It attempts to have the client change his or her behavior back to the way it was before the problems became severe.
- 3. Did you discuss prior treatment attempts?**
- 4. Did you use a "sampling" procedure?**
- 5. Did you ask the client if they confide in a close friend or family member?**
  - a. It will allow you to determine whether the friends and family view the problem in a similar fashion to the CSO.
  - b. You will be able to enlist the aid of the client's friend in discovering more reinforcers for the client.

- c. Practice exercises and role-plays during the session and at home will be easier to conduct, since they will be taught to both the client and the friend.
- d. The friend may have useful ideas that the client has overlooked. These may include suggestions for a "safe house" in the case of abuse, or non-drinking alternatives for future competing activities.

**6. Did you discuss potential benefits to the CSO once the drinker enters treatment?**

Certainly one of the biggest motivators for a CSO to remain in treatment is getting the drinker to begin treatment as well. During the course of therapy with the client it is helpful to periodically review the many advantages to be realized once this occurs. For example, in the case where domestic violence has happened or is a constant threat, the obvious benefit would be to reduce the risk of future harm. A woman in this situation who is successful in persuading her husband to enter alcohol treatment has taken an important step in preventing future harm to herself and to her family.

Other potential benefits should be elicited on an individual basis and related to the importance of obtaining treatment for the drinker. Some examples might include:

- 1. Improvements in family finances due to the drinker spending less money on alcohol, or as a result of a more stable employment situation.
- 2. Greater sexual satisfaction due to the enhanced physical attractiveness of a sober partner, and in some cases his or her ability to perform better sexually when not inebriated.
- 3. Less marital conflict due to a more cooperative and effective problem solving style.
- 4. Fewer problems with the children due to more effective role-modeling and shared parenting responsibilities.
- 5. Increases in enjoyable family and social activities due to a less alcohol-centered lifestyle.

The CSO should be reminded that the first step toward bringing the drinker into treatment is the CSO continuing in the CRAFT program him- or her.

### **Part #4 HANDLING DANGEROUS SITUATIONS**

**1. Did you assess the level of potential violence?**

**Assessment of Violence**

The goals of the initial assessment of violence are:

- a. To determine the level of violence that has occurred in the drinker-CSO relationship, and the potential for future episodes;
- b. To assess the level of contact the CSO maintains with family members and friends, and thereby the extent to which these people might be counted upon as sources of support and refuge in dealing with incidents of abuse;

- c. Based on the information gained above, to work with the client in developing an appropriate protection plan. This may include plans for escaping an abusive situation or initiating legal remedies to halt abuse. Methods for accomplishing each of these three goals are discussed below.

## **2. Did you assess current social support?**

### **Assessing current social support.**

The Intake assessment should include at least one instrument that indicates the CSO's current level of social functioning and resources.

In the event that the CSO reports abuse, you should also ask directly if he or she has discussed these experiences with a friend or family member, or if others are at least aware of the abusive situation. The occurrence of violence often leads to isolation, making responses to the violence more difficult. If the CSO appears to be dealing with the violence in isolation, ask if he or she would consider discussing the problem with a friend or relative, or a support group. Provide assistance in setting this up.

## **3. Did you develop a protection plan?**

- a. Use of a Safe House
- b. Police Intervention
- c. Legal Intervention via Temporary
- d. Restraining order

## **PART #5 ALTERNATIVE RESPONSES TO DRINKING**

### **1. Did you conduct a brief assessment of the client's current responses to the IP's drinking behavior?**

### **2. Did you examine failed attempts to get the drinker to stop drinking or slow down?**

Examination of failed attempts to influence the loved one's drinking.

What doesn't work in getting a drinker to stop or slow down:

- pouring alcohol down the drain
- nagging the drinker to stop
- getting drunk to show the drinker "what it's like"
- yelling and fighting about the drinking
- threatening the drinker
- emotional pleading, crying
- rational pleading, lecturing
- acting "crazy" so the drinker can see what it's doing to you.

### **3. Did you check for attempts to get the drinker to stop or slow down that were**

successful?

**4. Did you explain and begin the training of the procedures in the contingency management section?**

**Contingency Management** is the process of influencing rates of behavior by affecting the consequences that follow those behaviors. Positive and negative reinforcement are two methods of contingency management.

- A positive reinforcer is anything that increases the rate of the behavior it follows.
- A second method of contingency management is negative reinforcement. Reinforcement of a behavior always results in a greater rate of occurrence of the behavior.

Additional related methods of contingency management are extinction, response cost, time-out from positive reinforcement and response incompatibility. All four procedures result in decreases in behavior.

**5. Did you discuss the client's ability to identify cues that lead to the IP's drinking?**

**Recognizing Signs of Intoxication**

Many of the exercises and procedures suggested in this manual are based on the client's ability to recognize cues to the loved one's drinking. Therefore, the client must become adept at identifying signs of use. For many CSOs this may seem an obvious task, and they will be quite familiar with the stereotypical using behavior of the loved one. For others, it may be quite a revealing exercise when you ask them to identify the typical behavior associated with their loved one's using.

For this exercise, it is better for the client to have his or her own notebook and writing instrument. Have the client write out each question as you ask it, and then instruct them to provide an answer in the space below it. Start with signs of obvious use: What changes does the client notice in the loved one's speech, actions, mood? Are there changes in the IP's appearance or dress? Are there specific situations or circumstances that are more likely to result in drinking or drugging? (e.g., such as being with certain individuals, or going certain places).

You might then ask the CSO if he or she can describe the cues or triggers that signal the beginning of using. Are there certain mood states? Are there certain days of the week or times of the day? Are there specific events?

Refer back to this exercise when you begin to work with clients in developing new responses to the using. If CSOs plan to provide positive reinforcements for none use, they must be reasonably sure that the loved one is, in fact, straight. If they intend to withhold reinforcements when the IP is using, can they tell that he or she has been using? If they want to suggest a competing activity, can they do so before using begins?

## **Part #6 POSITIVE CONSEQUENCES FOR NOT DRINKING**

- 1. Did you help client identify non-drinking activities?**
- 2. Did you assist the client in generating a list of positive reinforcers for non-drinking behaviors?**

### **Generating a List of Positive Reinforcers**

Typically a CSO is able to generate only a short list of reinforcing non-drinking activities or situations that already are taking place. Consequently it is necessary to assist in generating ideas for new ways to introduce rewards for sober behavior. Support the client's attempt to start this process by explaining that the CSO knows his or her partner better than anyone. This knowledge is extremely useful in establishing a list of ways to reward the drinker for abstaining.

Begin the procedure by presenting general guidelines for naming potential rewards. State that the list should contain the following:

1. As many positive reinforcers as possible (e.g. 10-20 items).
2. Several rewards for sobriety that worked in the past.
3. A number of reinforcers that support current non-drinking behaviors that the drinker is presently enjoying.
4. Reinforcers that are obviously rewarding to the drinker.
5. Rewards that are easily fit into the drinker's schedule, and consequently can realistically be used.
6. Reinforcers that are easy for the CSO to deliver.
7. Several activities in which concerned friends and family members offer the rewards.
8. Several rewards that are reinforcers for other family members in addition to the drinker.

Once the client understands the guidelines for establishing a list of positive reinforcers, supply several common examples. These may include:

1. Preparing the drinker's favorite foods.
2. Talking about topics the drinker enjoys
3. Giving small inexpensive gifts.
4. Offering the drinker verbal praise and support.
5. Providing the drinker with his or her favorite sexual activity.

Once a lengthy list of positive reinforcers for abstaining has been established, have the client rank the list from the perspective of what the drinker would perceive as the most desirable reward down to the least desirable reward. Next have the CSO rate how comfortable he or she would feel in delivering any given reinforcer. If the number one reinforcer for the partner is one that the

client currently would feel uncomfortable providing, then it should not be considered yet.

Check with the CSO at a later date about whether he or she would be comfortable supplying that reinforcer. Also be prepared for many CRAFT clients to be reluctant to introduce any new reinforcer until they have spent several weeks in therapy. Some simply need time to process the impending interaction and build confidence before they are ready to take action. Clients should not be pushed to act too quickly.

Somewhere in the course of this process it may be necessary to remind the CSO that giving positive rewards for not drinking is simply a show of support. It is not considered enabling or rescuing behavior, since it is introduced when the drinker is sober.

**3. Did you introduce instruct the client how to introduce the IP to positive reinforcers for not drinking?**

- a. The client understands the concept and feels comfortable using positive reinforcement.
- b. The client has shown proficiency in identifying what would be reinforcing to the drinker.
- c. The client has demonstrated during behavioral rehearsal that he or she is capable of delivering the reinforcer appropriately.
- d. The CSO has successfully practiced using positive reinforcement on a non-drinking family member or friend.
- e. Session time has been devoted to considering the possible consequences of the action, and problem-solving exercises have identified solutions when necessary.
- f. You have discussed the CSO's possible resentment for having to "do all the work" and give rewards when the drinker is the one who has caused so much trouble and pain.
- g. The two basic rules for when the rewards should be delivered have been reviewed:  
(1) Give positive reinforcers only when the drinker is sober and not hung-over.  
(2) Pick an optimal time to use positive reinforcement (i.e. the drinker is both sober and in a good mood, and the CSO is in an upbeat and positive mood).

**4. Did you explain the link between rewards and sober behavior?**

**Verbally Linking a Reward with Sober Behavior**

As noted earlier, simple communication can be used as a positive reinforcer. Obvious examples include compliments and statements about positive feelings for the drinker. But communication can play another vital role when it creates clear verbal links between the rewards a CSO is providing and the non-drinking behavior. In essence, the CSO is taught and encouraged to explain the reasons behind his or her actions to the drinker.

**5. Did you address how to invite the drinker to attend treatment?**



6. **Did you discuss with the client how to reward themselves for their hard work?**

### **Part #7 NEGATIVE CONSEQUENCES FOR DRINKING**

1. **Did you gently point out how the client "supports" drinking behavior?**
2. **Did you cover all 6 rules that address unwanted drinking behaviors?**
  - a. Ask the client to discuss examples of unwanted drinking behaviors and their consequences. If necessary, assist with examples from other clients.
  - b. Instruct the client to list these behaviors on a piece of paper or on a blackboard.
  - c. Have the client pick one behavior that he or she is comfortable discussing and is prepared to address.
  - d. Explore the possibility of using positive reinforcement to change the behavior. If it is unfeasible or has not worked in the past when delivered appropriately, discuss the rationale behind using a negative consequence.
  - e. Select a reasonable, timely negative consequence for the drinking behavior, and explore its impact on the drinker. Then discuss the possible positive gains for the CSO as a result.
  - f. Role-play how the negative consequences for the drinking behavior will be delivered.
3. **Did you discuss how to apply negative consequences for drinking behavior?**
4. **Did you discuss possible negative repercussions from the drinker when applying negative consequences for drinking?**

### **Anticipating Negative Repercussions**

It cannot be stressed enough that part of the training in how to apply negative consequences also entails anticipating the drinker's reaction to a given consequence. The objective is to trouble-shoot each consequence before it is tried, and to plan for extreme reactions from the IP regardless. Many times it is a good idea to have clients write out and then review the negative consequence they will introduce, the anticipated reactions from the IP, and the CSO's planned response.

This may help them clarify exactly what they would like to have happen, while at the same time being prepared for "the worst".

In anticipation of an extremely negative reaction from the user, a CSO may plan to temporarily leave his or her partner. Such a plan typically should be discussed with the user beforehand. Depending on the circumstances, a trial separation period may be in order. This extended "time out" may take place at a friend's or family member's house. Regardless, the decision to leave a

partner must be the client's, but it should be supported by you. If the client chooses this method he or she must be ready to deal with the IP's reaction to this negative consequence as well.

A written plan describing the circumstances that will convince the CSO to move back home should be developed. The plan should be specific, brief and stated in a positive manner. It should describe the behaviors desired, as opposed to the behaviors that the CSO does not want to see. The plan should be a strong, idealistic one, since some room for negotiation is important. At the same time, the plan must take into consideration the possibility that the IP will not comply. This negotiation should occur in your office, but if for some reason it gets settled between the couple outside of a session, you should review it with the couple as soon as possible.

In summary, when suggesting modifications in a client's approach to the IP's using behavior, it is preferable to encourage the use of positive reinforcement. However, that tactic is not always possible nor effective. Only use the implementation of negative consequences for using behavior when it appears to be the only option remaining for the client.

### **Part #8 RECREATIONAL AND LIFE CHANGES**

#### **1. Did you encourage the establishment of independent social or recreational activities?**

There are two important components for encouraging the establishment of independent social or recreational activities. These include:

- a. Identifying possible social or recreational activities.
- b. Response priming. The next step is to convince the client to agree to try at least one small new activity, and then to "prime" the response so that it actually occurs.

#### **2. Did you discuss ways to establish new and old relationships?**

- a. Revive old friendships.
- b. Practice "small talk".
- c. develop basic conversation skills.
- d. Develop interests that can be shared with others .

#### **3. Did you do job finding procedures?**

- a. Résumé Development.
- b. Completion of Job Applications.
- c. Generation of Job Leads.
- d. Phone Skills Training.
- e. Reinforcer Review.
- f. Interview Skills Training.
- g. Daily Goal Setting

### **Part #9 ENTERING TREATMENT**

- 1. Did you discuss with the client when and how to motivate the IP for treatment?**
- 2. Did you practice with the client ways to suggest treatment to the drinker?**

### **Suggesting Treatment to the IP.**

In the course of therapy, CSO's should be given the opportunity to role-play a situation in which they suggest treatment. In these exercises, remind clients to present their suggestions in a clear, calm, and matter-of-fact manner. While this may be relatively easy to accomplish during a practice session, it is understood that the actual situation is likely to be highly emotionally charged. But that is precisely the point of role-plays: To develop the skills and confidence necessary to carry out the task when the time arrives. During the role-play be alert to threatening or accusatory messages on the part of the CSO. Help him or her to see how this may draw out a drinker's defenses and undermine the goal of getting the drinker to accept treatment.

It is useful to have clients practice both successful and unsuccessful scenarios; that is, one in which the IP accepts and one in which the IP refuses to enter treatment. CSOs must be prepared for both outcomes should they choose to employ this procedure. In a scenario in which the user refuses a suggestion of treatment, help the client to see that this is not a personal failure. CSOs have the right to suggest treatment, and IPs have the right to refuse treatment. By suggesting treatment in a firm and caring manner, the CSO may be laying the groundwork for future compliance by the IP. Also, the client does not have to feel as if there is one and only one best moment to suggest treatment, and that if the user refuses the moment is lost. There will be other opportunities. It may even be the case that on the next occasion, it is the IP who proposes that the time for treatment has arrived.

- 3. Did you make it clear to the client how the rapid intake system works?**

### **Rapid Intake Procedures**

Therapists who work with CSOs are advised to make prior arrangements to allow for a rapid intake at an appropriate treatment facility in the event that the IP decides to accept treatment. This is accomplished most easily if the CSO's counseling is being conducted at a facility that also offers comprehensive alcohol treatment services. Typically, IP's whose CSOs have received counseling can be admitted on a priority basis. If the therapist is working independently or with a program that does not offer appropriate treatment services, then he or she is advised to develop prior arrangements with several treatment referral sources who may be able to implement the rapid intake procedures.

A rapid intake system mandates that the first therapy session should be held within forty-eight hours of the phone call from the CSO or drinker. Both are requested to be present at this appointment.

**4. Did you discuss the section session 9 that deals with early drop-out of the IP?**

- Exactly what transpired?
- Do you have some idea of what went wrong?
- Is there anything that could have been done differently?
- What can be done now?
- Is there a chance that the drinker will re-enter therapy?
- If so, upon what does this depend?
- Is the drinker simply at a place with his or her drinking that they are not ready to make a commitment to change?
- Is the drinker upset with the therapy process itself?